

## Flow Cytometry

### Referred-in Requisition

#### Specimen Type and Collection Requirements

- Bone Marrow (BM)
- Peripheral Blood (PB) - 2mL EDTA
- Body Fluid - Sterile Container (please specify): \_\_\_\_\_
- Tissue - RPMI (please specify): \_\_\_\_\_

Collection Date (YYYY-MM-DD)

Collection Time (HH:MM)

Ordering Physician (*please print*):

Institution Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

#### Clinical Information/Diagnosis

#### Test Requested (Please check one)

<input type="checkbox"/>	Flow Cytometry Consultation Immunophenotyping (Leukemia/Lymphoma)	<input type="checkbox"/>	Perforin Protein Expression
<input type="checkbox"/>	Diagnostic MRD (B ALL only) Send one tube (EDTA) of BMA (2mL) + 1 stained slide	<input type="checkbox"/>	Neutrophil Oxidative Burst Index
<input type="checkbox"/>	Day 8 MRD (B ALL only) Send one tube (EDTA) of blood (5-10 mL) at 4C + current CBC	<input type="checkbox"/>	CD45RA/RO
<input type="checkbox"/>	Day 29 MRD (Follow-up or End of Consolidation) (B ALL only) Send one tube (EDTA) of BMA (2mL) + 1 stained slide	<input type="checkbox"/>	Autoimmune Lymphoproliferative Syndrome (ALPS)
<input type="checkbox"/>	Lymphocyte Subsets Enumeration (TBNK) <input type="checkbox"/> TBNK and CD20	<input type="checkbox"/>	CD34 Enumeration
<input type="checkbox"/>	T Cell Subsets, CD3/CD4/CD8	<input type="checkbox"/>	NK Degranulation Assay (4mL peripheral blood needed) <i>*testing done Tuesdays only*</i>
<input type="checkbox"/>	Regulatory T cells	<input type="checkbox"/>	Recent Thymic Emigrants
<input type="checkbox"/>	Platelet- Membrane Glycoprotein Expression	<input type="checkbox"/>	TCRV Beta
<input type="checkbox"/>	B cell Subsets		

#### NOTE

**Samples will only be accepted Monday to Thursday 8:00am to 5:00pm**  
**Please send CBC results and one unstained blood and bone marrow slide for each patient**

#### LABORATORY USE

\_\_\_\_\_-\_\_\_\_-\_\_\_\_ Date/time received (yyyy-mm-dd) / hh:mm Proceed with test  Y  N

Lab director \_\_\_\_\_